

**DIRECTORY OF  
DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
GRANT PROGRAMS  
FOR THE  
2011 - 2012 FISCAL YEAR  
  
FEBRUARY 2011**

**Prepared by:  
Office of Financial Services**

**Chris Christie  
Governor**

**Poonam Alaigh, MD  
Commissioner**



## State of New Jersey

### DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 360  
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[www.nj.gov/health](http://www.nj.gov/health)

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

POONAM ALAIGH, MD, MSHCPI  
*Commissioner*

February 2011

TO ALL INTERESTED CITIZENS:

The Department of Health and Senior Services is pleased to provide the enclosed Directory of Grant Programs for the State Fiscal Year 2011. This directory provides a comprehensive listing of grant funds available from the Department. If additional grant funds become available during the year, the Department will publish information about them in the New Jersey Register.

The Department of Health and Senior Services awards grants from State appropriations, federal awards, and other funding sources. Since the award and appropriations of these funds do not always conform to the State Fiscal Year, the information included in this directory is based on the anticipated grant programs that will become available during the period July 1, 2011 through June 30, 2012.

The directory is divided into separate programs, which provide specific services through grant awards. Many programs are funded jointly by State, federal and other funds. The information identified in the directory is without reference to the source of funding.

There are certain funds awarded within the grant category that have been excluded from this directory. They represent formula grants which, by law, are distributed to specific agencies (i.e., counties and municipalities); special legislation to provide funding to a specific agency; and disbursement of funds by other than grants awards. Please contact the Grants Management and Review Program at 609-633-1581 to provide additional information on these programs or by fax at 609-633-1705.

To receive additional copies of this directory, please contact the Grants Management and Review Program. Copies can be downloaded from Department's web site at [www.state.nj.us/health](http://www.state.nj.us/health).

Sincerely,

Poonam Alaigh, MD, MSHCPM, FACP  
Commissioner

Enclosure

***This publication may be viewed and printed through the Internet:***

<http://www.state.nj.us/health/grants/index.shtml>

## TABLE OF CONTENTS

	<u>Page No.</u>
<b>HIV/AIDS, STD AND TB SERVICES</b>	
Behavioral Surveillance .....	1-2
Care and Treatment.....	3
HIV Counseling and Testing	
Expanded and Integrated HIV Testing .....	4
Notification Assistance Program.....	5-6
Prevention and Education	
Health Education Risk Reduction.....	7-8
Public Information .....	9
Ryan White Part B.....	10
Sexually Transmitted Disease Services.....	11
Tuberculosis Services	
Case Management Assistance.....	12
Regional TB Specialty Clinic Services.....	13
<b>CANCER CONTROL AND TOBACCO PREVENTION SERVICES</b>	
Implementation of New Jersey Comprehensive Cancer Control Plan.....	14
Tobacco Control Prevention and Education Services.....	15
<b>CHRONIC DISEASE AND PREVENTION</b>	
Chronic Renal Disease.....	16
Diabetes Prevention & Control .....	17
Huntington's Disease Services .....	18
New Jersey Cancer Education and Early Detection.....	19
New Jersey Heart Disease and Stroke Program.....	20
Pediatric Adult Asthma Coalition Program.....	21
Pharmaceutical Services for Adults with Cystic Fibrosis .....	22
<b>COMMISSION ON BRAIN INJURY RESEARCH</b>	
Individual Research Projects. ....	23-24
Multi-Investigator Research.....	25-26
Pilot Research Projects.....	27-28
Postdoctoral and Graduate Student Fellowship.....	29-30

## TABLE OF CONTENTS

### Page No.

#### **COMMISSION ON SPINAL CORD RESEARCH**

Exploratory Research Grant.....	31-32
Postdoctoral and Graduate Student Fellowships.....	33-34
Research Grant.....	35-36

#### **EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES**

Health Programs for Refugees.....	37
Indoor Tanning Safety.....	38
Special Program to Increase Immunization Levels.....	39

#### **GOVERNOR'S COUNCIL ON AUTISM**

Autism Coordinating Center.....	40-41
Clinical Autism Programs.....	42
Postdoctoral Fellowships.....	43

#### **MATERNAL, CHILD AND COMMUNITY HEALTH SERVICES**

Adolescent Health Services.....	44
Child Health .....	45
Children's Oral Health .....	46
Family Planning.....	47
Fetal Alcohol Syndrome Prevention .....	48
Nutrition, Physical Activity and Obesity.....	49
Outreach and Education .....	50

#### **MINORITY AND MULTICULTURAL HEALTH**

Minority and Multicultural Health Empowering Communities.....	51
---	----

#### **PRIMARY CARE SERVICES**

Federally Qualified Health Centers Expansion Program .....	52
Primary Care Cooperative Agreement .....	53
Rural Health Information .....	54

## TABLE OF CONTENTS

### Page No.

#### **PUBLIC HEATH INFRASTRUCTURE PREPAREDNESS AND EMERGENCY RESPONSE**

Health Emergency Preparedness Program.....	55
Local Core Capacity Infrastructure for Public Health Emergency Preparedness.....	56
New Jersey Poison Information and Education System.....	57-58
Public Health Emergency Preparedness.....	59

#### **SENIOR AFFAIRS**

Adult Day Care Services for Victims of Alzheimer's Disease and Related Disorders... ..	60
Chronic Disease Self-Management Program.....	61
Congregate Housing Services.....	62
State Health Insurance Assistance Program.....	63

#### **SPECIAL CHILD AND EARLY INTERVENTION HEALTH SERVICES**

Case Management Services.....	64
Child Evaluation Centers.....	65
Early Intervention System.....	66
Hemophilia Services.....	67
HIV Family Centered Care Network.....	68
Newborn Screening and Genetic Services.....	69
Pediatric Tertiary Services .....	70

#### **SUPPLEMENTAL NUTRITION SERVICES FOR WOMEN, INFANTS AND CHILDREN (WIC)**

Supplemental Nutrition Services for Women, Infants and Children.....	71
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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Behavioral Surveillance

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5 C-1 et seq.

**GRANT PROGRAM NO.** 12-18-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To conduct behavioral surveillance in the Newark Metropolitan Statistical Area. Persons identified at high-risk for HIV will be surveyed to assess sexual and drug use history, testing experience and the use of prevention services. The data will help to enhance prevention planning.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grant amount to \$215,000. Award begins on July 1, 2011 through June 30, 2012 and will be made for a 12 month budget period. Funding estimates vary and are subject to the Annual Appropriations Act. Continuation awards will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and which have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Universities, hospitals, non-profit corporations, state agencies, local governments and community-based organizations. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Knowledge of HIV/AIDS in at risk populations. Proven ability to implement and follow epidemiologic study methodologies and CDC protocols in community-based agencies, shelters, drug treatment centers and neighborhood social venues.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submit a concept paper to person listed below delineating goals and objectives and tentative budget.

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**FOR INFORMATION CONTACT:**

Barbara Bolden, Ph.D., Epidemiologic Services  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-5940

**FAX:** (609) 633-2791

**E-MAIL:** [barbara.bolden@doh.state.nj.us](mailto:barbara.bolden@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award would usually be two months prior to the funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Behavioral Surveillance

**STATUTORY AUTHORITY:**

PHS Act, Section 310(A), 311, 317 (K)(3)

**GRANT PROGRAM NO.** 12-19-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grants

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To conduct behavioral surveillance in the Newark metropolitan Statistical Area. Persons identified at high risk for HIV will be surveyed to assess sexual and drug use history, testing experience and the use of prevention services. The data will help to enhance prevention planning.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grant amount to \$236,000. Award begins on January 1, 2012 through December 31, 2012 and will be made for a 12 month budget period. Funding estimates vary and are subject to the Annual Appropriations Act. Continuation awards will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and which have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Universities, hospitals, non-profit corporations, state agencies, local governments and community-based organizations. Preference will be given to current recipients of grants.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Knowledge of HIV/AIDS in at risk populations. Proven ability to implement and follow epidemiologic study methodologies and CDC protocols in community-based agencies, shelters, drug treatment centers and neighborhood social venues.

---

**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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Division of HIV/AIDS Services

P.O. Box 363

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**TELEPHONE:** (609) 984-5940

**FAX:** (609) 633-2791

**E-MAIL:** [barbara.bolden@doh.state.nj.us](mailto:barbara.bolden@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Care and Treatment

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5 C-1 et seq.

**GRANT PROGRAM NO. 12-11-AIDS****TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and Letters of Agreement

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV/AIDS and their families. Specific activities include: medical and nursing care, dental, outreach, case management, housing and support services.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$25,000 to \$500,000. Awards begin on July 1, 2011 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds. Current recipients of health service grants who have performed satisfactorily will be given first priority for continued funding

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

HIV Counseling and Testing Expanded and Integrated  
HIV Testing

**STATUTORY AUTHORITY:**

Sec. 301 (A) 318 PHS Act as Amended

**GRANT PROGRAM NO.** 12-14-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To increase HIV testing for populations disproportionately affected by HIV. This initiative targets primarily African Americans who are unaware of their HIV status and who are incarcerated in county correctional facilities. Under this initiative, HIV testing will become a routine part of medical care in county correctional facilities. The program also provides follow-up and linkages to care, treatment and prevention services in communities upon release.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$74,000 to \$150,000. Awards begin on or about September 30, 2011 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds. Current recipients of health service grants who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

County correctional facilities and community-based agencies that provide health care services within county correctional facilities.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability to provide health care services in a county correctional facility targeting primarily African Americans. Experience with a variety of community-based health agencies in delivering services to patients in need.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Steven Saunders, MS, Director, Prevention Unit  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-6009

**E-MAIL:** [errol.saunders@doh.state.nj.us](mailto:errol.saunders@doh.state.nj.us)

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

HIV Counseling and Testing/  
Notification Assistance Program

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5 C-1 et seq.

**GRANT PROGRAM NO.** 12-13-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV counseling and testing and partner notification services at free-standing and alternative counseling and testing sites to include community health centers, hospitals, local health departments, sexually transmitted disease clinics, tuberculosis clinics, family planning programs, prenatal clinics, and other community-based health agencies.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$30,000 to \$200,000. Awards begin on or about July 1, 2011 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and availability of funds. Current recipients of health service grants who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability to provide specialized health care services, and an ability to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to patients in need. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Steven Saunders, MS, Director, Prevention Unit  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** [errol.saunders@doh.state.nj.us](mailto:errol.saunders@doh.state.nj.us)

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

HIV Counseling and Testing/  
Notification Assistance Program

**STATUTORY AUTHORITY:**

Sec. 301 (A) 317 PHS Act as Amended  
(Federal)

**GRANT PROGRAM NO.** 12-12-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV counseling and testing and partner notification services at free-standing alternative counseling and testing sites to include health centers, hospitals, local health departments, sexually transmitted disease clinics, tuberculosis clinics, family planning programs, prenatal clinics, and other community-based health agencies.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$20,000 to \$425,000. Awards begin on or about January 1, 2012 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds. Current recipients of health service grants who have performed satisfactorily will be given first priority for continued funding.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability to provide specialized health care services, and an ability to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to patients in need. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

---

**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Steven Saunders, MS  
Director, Prevention Unit  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** [errol.saunders@doh.state.nj.us](mailto:errol.saunders@doh.state.nj.us)

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

---

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.

---

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Health Education/Risk Reduction

**GRANT PROGRAM NO.** 12-15-AIDS

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5C-1 et seq. (State)

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV/AIDS primary and secondary prevention/education, outreach, referral and support services to individuals at increased risk of infection through a variety of interventions, including: street and community outreach, health education/risk reduction programs, community-intervention programs and HIV prevention case management. Priority populations to include women and adolescents at high risk of HIV infection, injecting drug users and their sexual partners, the gay/lesbian community and persons living with HIV/AIDS.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$5,000,000 is available in SFY2012 to fund ten to fifteen awards. Grants range from approximately \$50,000 to \$600,000. Awards will begin on or about July 1, 2011, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved budget period will be made based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and which have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, non-profit corporations, community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Varies by grant.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**E-MAIL:** [errol.saunders@doh.state.nj.us](mailto:errol.saunders@doh.state.nj.us)

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant; usually four months prior to funding.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two months prior to funding.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Health Education/Risk Reduction

**STATUTORY AUTHORITY:**

(Federal) SEC 301(A)317, Public Health Services  
Act as amended

**GRANT PROGRAM NO.** 12-16-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV/AIDS primary and secondary prevention/education, outreach, referral and support services to individuals at increased risk of infection through a variety of interventions, including: street and community outreach, health education/risk reduction programs, community-intervention programs and HIV prevention case management. Priority populations to include women and adolescents at high risk of HIV infection, injecting drug users and their sexual partners, the gay/lesbian community and persons living with HIV/AIDS.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$6,000,000 should be available in SFY2012 to fund 17 to 28 awards. Grants range from approximately \$30,000 to \$600,000. Awards will begin on or about January 1, 2012, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved budget period will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

---

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1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, non-profit corporations, community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Varies by grant.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Steven Saunders, M.S.  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** [errol.saunders@doh.state.nj.us](mailto:errol.saunders@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant; usually four months prior to funding.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two months prior to funding.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Public Information

**STATUTORY AUTHORITY:**

SEC 301(A) 317, Public Health Service Act as Amended, New Jersey Statute 26:5 c-1 et seq.

**GRANT PROGRAM NO.** 12-17-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To build general awareness and knowledge of HIV/AIDS through public information and education programs and multi-faceted awareness campaigns; to provide HIV/AIDS health care and prevention through toll free hotline services.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$500,000 should be available in SFY2012 to fund up to two awards. Grants range from \$50,000 to \$500,000. Awards will begin on or about July 1, 2011 and/or January 1, 2012, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, non-profit corporations, community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Varies by grant.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Steven Saunders, M.S.  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** [errol.saunders@doh.state.nj.us](mailto:errol.saunders@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant; usually four months prior to funding.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two months prior to funding.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Ryan White Part B

**STATUTORY AUTHORITY:**

Public Health Service Act  
Public Law 101-380

**GRANT PROGRAM NO.** 12-20-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV and their families through the funding of HIV-related health care and support services and outreach programs to marginalized populations. Services eligible to be funded include case management, primary medical care, transportation services, dental, psychological services, drug treatment and housing services.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$10,000 to \$1,000,000. Awards begin on April 1, 2011 and will be made for a 12-month budget period. Funds are contingent upon a Federal appropriation for the Ryan White Treatment Modernization Act to the Department of Health and Senior Services. Contact the person identified below to determine if funds have been awarded, and to receive further information. Continuation awards will be based on satisfactory progress and evaluation, and availability of funds. Current recipients of grants who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submit a 1-2 page concept paper to the contact below delineating goals and objectives and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

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**FOR INFORMATION CONTACT:**

Carmine J. Grasso  
Director, Care and Treatment Unit  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328  
**FAX:** (609) 292-4244  
**E-MAIL:** carmine.grasso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information may be included in the Request for Application. Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.



## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Sexually Transmitted Disease Services

**STATUTORY AUTHORITY:**

State Appropriation Act (Public Law. 1994,  
Chapter 67

**GRANT PROGRAM NO.** 12-36-STD

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To augment existing Sexually Transmitted Disease services, such as improved diagnostic functions and to perform intervention, outreach, educational and prevention activities.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$700,000 should be available in State Fiscal Year 2012 to fund several awards. Awards will be made for a twelve-month period beginning July 1, 2011 or January 1, 2012. Funding estimates may vary and are subject to state and federal appropriations. Applicants currently receiving grants for these activities and have performed satisfactory will be given priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Applicants are accepted from local health departments, hospital-based clinics, CBO's and Health Centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The agency must have the ability to provide individual services to a minimum of 100 clients per month.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Program Manager, STD Program  
New Jersey Department of Health and Senior Services  
Communicable Disease Service, Post Office Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 826-4869

**FAX:** 609-826-4870

**E-MAIL:** [Patricia.Mason@doh.state.nj.us](mailto:Patricia.Mason@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies. Information will be included in formal request for application

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to funding period.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

TB Prevention and Control  
Case Management Assistance

**STATUTORY AUTHORITY:**

Public Health Services Act, Section 301(A)

**GRANT PROGRAM NO.** 12-28-TB

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide assistance with basic needs (housing, food, utilities, clothing, etc.) for TB cases and suspects statewide to remove significant barriers to care and improve performance against stated objectives related to completion of treatment in difficult to manage patient populations.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$150,000 will be available for the CY2012 health service grant.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non-profit, non-governmental organizations with proven experience in the management of patient incentive programs.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The willingness and ability to establish and maintain a network of housing providers and provide other assistance as needed to a diverse and under-privileged patient population throughout New Jersey. Maintain effective accounting and control of a complex incentive program.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Program Manager, TB Program  
New Jersey Department of Health and Senior Services  
Communicable Disease Service, Post Office Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 826-4878

**FAX:** 609-826-4879

**E-MAIL:** Thomas.Privett@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications should be submitted by October 15, 2011 for funding beginning January 1, 2012 for a 12 month period.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

If the application is received as indicated above, applicant will be notified of award by December 1, 2011.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

TB Prevention and Control  
Regional TB Specialty Clinic Services

**STATUTORY AUTHORITY:**

Public Health Services Act, Section 301(A)  
State Appropriations Act, Section 317

**GRANT PROGRAM NO.** 12-37-TB

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide clinical care, treatment, nurse case management and/or outreach services to TB cases and suspects, their associated contacts and Class B1/B2 immigrants and refugees for a defined group of local health jurisdictions.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$3,000,000 will be available for the SFY2012 - CY2012 TB health service grants.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

County and/or municipal health departments, hospitals, private medical providers and private health care agencies providing clinical, diagnostic, laboratory monitoring, treatment, nurse case management and/or outreach services under the auspices of a New Jersey Department of Health and Senior Services' Regional TB Specialty Clinic site.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The service area of each Regional TB Specialty Clinic seeking funding must, during the three previous calendar years, either be (1) a county with an average of 45 verified TB cases or (2) serve a multi-county area with an average of 45 or more verified TB cases.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Program Manager, TB Program  
New Jersey Department of Health and Senior Services  
Communicable Disease Service, Post Office Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 826-4878

**FAX:** 609-826-4879

**E-MAIL:** Thomas.Privett@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies, grant periods are 12 months and will begin July 1, 2011 or January 1, 2012. Applications are due 75 days prior to the beginning of the funding period.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

If applications are received as indicated above, applicants will generally be advised of funding status 30 days before the funding period begins.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Implementation of New Jersey Comprehensive Cancer  
Control Plan at the County Level

**GRANT PROGRAM NO.** 12-84-CCC

**STATUTORY AUTHORITY:**

SFY 2012 Appropriations Act, P.L. 2004, C.71

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Implementing New Jersey's Comprehensive Cancer Control Plan at the county level through coalition building and subsequent creation of a supportive infrastructure. This will be accomplished by maintaining existing relationships and identifying/including key stakeholders committed to implementing the Plan.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1,365,000 in awards may be available in state appropriations for FY 2012 for a twelve month period beginning July 1, 2011 and ending June 30, 2012. Please be advised that all health service grant funding is based upon the availability of state appropriations and is subject to change at any time without notice.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

NJCEED Lead Agencies, Local Health Departments, Hospitals and Federally Qualified Health Centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with coalition building at the county level as well as expertise with Office of Cancer Control and Prevention (OCCP) Capacity/Needs Assessment Reports. Prepare and submit a NJDHSS grant application.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Margaret L. Knight, RN, M.Ed.  
Executive Director  
PO Box 369  
Trenton, NJ 08625

**TELEPHONE:** (609)-631-4747

**FAX:** (609) 588-3441

**E-MAIL:** [peg.knight@doh.state.nj.us](mailto:peg.knight@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 1, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

May 31, 2011

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Tobacco Control Prevention and Cessation  
Intervention

**GRANT PROGRAM NO. 12-9-TOB****STATUTORY AUTHORITY:**

301A,311BC,317K2 (42USC241A,243BC,247BK2)

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Grants will be awarded to agencies to implement tobacco control evidence-based interventions designed to: decrease the acceptability of tobacco use among all populations; decrease the number of youth who start smoking; increase the number of people who start and complete treatment for tobacco dependence; increase awareness and decrease involuntary exposure to second hand smoke; reduce disparities related to tobacco use and its effects among different population groups.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon Federal appropriation. Approximately \$600,000 in Federal Center for Disease Control and Prevention (CDC) funding should be available to fund approximately five to seven organizations. It is expected that the award will begin April 1, 2011 and end March 30, 2012. Continuation of awards will be made based on satisfactory performance and availability of fund

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Not for profit agencies organizations with experience in implementing evidence-based tobacco interventions.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated history in developing, providing and evaluating tobacco control or other public health related prevention programs. Demonstrated ability to effectively establish/maintain community partnerships, and developing and implementing community public health programs (grant specific) for adults and youth. Ability to collect data and evaluate programs.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Contact Department's official designee listed below and request the Application for Grant

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**FOR INFORMATION CONTACT:**

Janis Mayer-Obermeier, Program Coordinator  
Office of Tobacco Control, Division of Family Health Services, NJ DHSS  
P.O. Box 373, Trenton, NJ 08625-0373

**TELEPHONE:** (609) 984-3317**FAX:** (609) 984-3346**E-MAIL:** [janis.mayer-obermeier@doh.state.nj.us](mailto:janis.mayer-obermeier@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

March 1, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

April 1, 2011

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Chronic Renal Services  
Chronic Disease Prevention and Control Services

**GRANT PROGRAM NO. 12-59-CR****STATUTORY AUTHORITY:****TYPE OF AWARDS TO BE ISSUED:**

N.J.S.A. 26:2-87

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To extend financial assistance in obtaining select medications and nutritional supplements to eligible persons on chronic renal dialysis.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$485,000 should be available in SFY 2012 to fund one award. It is expected that the Fiscal Year 2012 award will begin on or about July 1, 2011 and end June 30, 2012. Funding estimates may vary and are subject to the Annual State Appropriations Act.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Organization which has experience in providing financial assistance for qualified dialysis patients needing select medications and nutritional supplements to licensed New Jersey Renal Dialysis Centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Ability to administer a web based system of reimbursement.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Contact Department's official designee listed below and request the Application for Grant.

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**FOR INFORMATION CONTACT:**

Laura Hernandez-Paine, Program Manager, CDPC  
Division of Family Health Services  
P.O. Box 364, 50 East State St.  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-0840**FAX:** (609) 292-9288**E-MAIL:** [laura.hernandez-paine@doh.state.nj.us](mailto:laura.hernandez-paine@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 1, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

June 30, 2011

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Diabetes Prevention and Control Program

**STATUTORY AUTHORITY:**

Public Health Service Act XIX Block Grants, Part A  
Preventive Health and Health Services Block Grant

**GRANT PROGRAM NO.** 12-60-DCP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To implement diabetes evidence-based interventions and related activities at the county, regional and/or community level including education and awareness raising activities for the general public, people with diabetes and providers.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Depending on availability of funds, approximately \$260,000 (\$100,000 in CDC Cooperative Agreement funds and \$160,000 in PHHS Block Grant funds) should be available to fund one award. The award will be for the Fiscal Year 2012 (July 1, 2011 through June 30, 2012). Applicants currently being funded for any of the above activities and have performed satisfactory, will be given additional consideration for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Federally Qualified Health Centers (FQHC) in Southern New Jersey.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

FQHC must have a previous track record in the delivery of diabetes outreach, education, and screening for sensitive eye examinations and foot examinations, as well as treatment and follow-up.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Contact Department's official designee listed below and request the grant application.

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**FOR INFORMATION CONTACT:**

LorieAnn Wilkerson-Leconte, Program Coordinator  
Division of Family Health Services  
New Jersey Department of Health and Senior Services  
P.O.Box 364  
Trenton, NJ 08625

**TELEPHONE:** 609-292-854 0

**FAX:** (609) 292-9288

**E-MAIL:**lorieann.wilkerson-leconte@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 1, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

June 30, 2011

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Huntington's Disease Services Program

**GRANT PROGRAM NO. 12-63-HD****STATUTORY AUTHORITY:**

N.J.S.A. 26:5B-1

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To contract with a medical school to provide pre-symptomatic testing for Huntington's Disease, neurology and psychiatry services, neuropsychological evaluations, treatment and management for Huntington's Disease victims and their families, and the provision of outreach & educational services to professionals and family members.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of State funds to the Department. Approximately \$305,000 could be available in Fiscal Year 2012 (July 1, 2011 to June 30, 2012) for one grant award. Contact the person identified on this form to determine whether the funds have been awarded and to receive further information.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey medical schools with documented experience in counseling clients with Huntington's Disease and their families.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Documented experience in counseling clients with Huntington's Disease and their families, and previous working relationship with the NJ Chapter of the Huntington's Disease Society of America.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Contact Department's official designee listed below and request the grant application.

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**FOR INFORMATION CONTACT:**

Laura Hernandez-Paine, Program Manager, CDPC  
Division of Family Health Services  
P.O. Box 364, 50 East State St.  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-0840**FAX:** (609) 292-9288**E-MAIL:** [laura.hernandez-paine@doh.state.nj.us](mailto:laura.hernandez-paine@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 1, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

June 30, 2011

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

New Jersey Cancer Education & Early Detection  
(NJCEED) Program

**GRANT PROGRAM NO.** 12-47-CED

**STATUTORY AUTHORITY:**

Breast & Cervical Cancer Mortality Prevention Act  
of 1990 & the NBCCEDP Reauthorization Act of 2007

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Funds will be used to provide comprehensive cancer screening services to low-income women and men who are uninsured/underinsured. CDC and State funding is to be used to provide underserved residents with breast, cervical, prostate and colorectal cancer screening and diagnostic services.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$2.0 million in federal funding and approximately \$5.2 million in state funds should be available in Fiscal Year 2012 (July 1, 2011-June 30, 2012) to fund at least 23 awards; average award being approximately \$250,000. Funding estimates will vary and are subject to the actual amount of funds received.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Agencies applying for status as the Mercer County Lead Agency must be not-for-profit agencies currently providing medical services such as: health departments, hospitals, visiting nurse associations, FQHCs, family planning agencies, etc. In all other counties organizations currently funded as NJCEED Lead Agencies, that are satisfactorily meeting program requirements, are eligible to apply for renewed funding.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Due to the nature of the services to be provided, applicants will need to have access to specialized staff (clinical providers, health educators, case managers, patient navigators, etc.) to conduct grant activities and have the ability to provide/assure treatment, if breast, cervical, prostate and/or colorectal cancer is diagnosed.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Marge Rojewski, Program Coordinator  
NJCEED Program  
50 East State Street, PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** 609-292-8540

**FAX:** 609-292-3580

**E-MAIL:** Margaret.Rojewski@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications for agencies applying for status as the Mercer County Lead Agency will be due on or before February 15, 2011. Non-competitive applications will be due April 15, 2012.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicants will be notified approximately 4 weeks after completed applications are reviewed and approved by the Department.

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

NJ Heart Disease and Stroke Prevention Program

### STATUTORY AUTHORITY:

N.J.S.A. 26:1A-92 et seq.

N.J.S.A. 26:2-124

**GRANT PROGRAM NO.** 12-56-HSP

### TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To implement heart disease and stroke related activities at the state, county, regional and/or community level including environmental, policy and systems approach, health communication and awareness raising activities for the general public, people with heart disease and stroke and providers.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Contingent on availability of funds, the total amount of award funds available will be no more than \$50,000. The awards will be for the Fiscal Year 2012 (July 1, 2011 through June 30, 2012). Applicants currently being funded by the DHSS for any of the above activities and that have performed satisfactory, will be given additional consideration for continued funding.

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Non-for profit community based organizations.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Agency must have a previous track record in the delivery of heart disease and stroke environmental, policy, and systems approaches; health communication; outreach; and, education.

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### APPLICATION PROCEDURES:

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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### FOR INFORMATION CONTACT:

LorieAnn Wilkerson-Leconte, Program Coordinator  
Chronic Disease Prevention & Control  
Division of Family Health Services  
NJ DHSS  
50 East State St. PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-8540

**FAX:** (609) 292-9288

**E-MAIL:**lorieann.wilkerson-leconte@doh.state.nj.us

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### DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

April 1, 2011

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### DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

June 30, 2011

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Pediatric Adult Asthma Coalition Program

**STATUTORY AUTHORITY:**

Public Health Services Act, Sections 301 and 317  
42 U.S.C.

**GRANT PROGRAM NO.** 12-79-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To implement asthma related activities at the county, regional and/or community level including education and awareness activities for the general public, people with asthma and providers.

To provide leadership and support for an asthma coalition in New Jersey.

To establish and update a plan for control of asthma in New Jersey and implement and/or facilitate implementation of the State Asthma Strategic Plan.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon Federal appropriations. Approximately \$103,250 in Federal Centers for Disease Control and Prevention (CDC) funding should be available to fund one award. It is expected that the award will begin on or about September 1, 2011 and end August 31, 2012.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

American Lung Association of Mid-Atlantic or any non-profit community based organizations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit community based agency that has the capability of administering State funds and that has experience in planning, development, and implementing asthma control activities on a statewide basis; conducting and supporting a pediatric/adult asthma coalition (PACNJ) with a broad base of support including professional and consumer representation; and conducting asthma education, communications, and media campaigns.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

The PACNJ grant has been awarded for a 5 year project period. FY 2011-2012 is year 3 of a 5 year project period. This is a non-competitive grant awarded for project period 9/1/09-8/31/14 to the grantee described herein.

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**FOR INFORMATION CONTACT:**

Lisa Jones, Coordinator

New Jersey Asthma Program  
50 East State St., PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-6137

**FAX:** (609) 292-9288

**E-MAIL:** [lisa.jones@doh.state.nj.us](mailto:lisa.jones@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

June 1, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

August 15, 2012

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Pharmaceutical Services for Adults with Cystic Fibrosis

**STATUTORY AUTHORITY:**

N.J.S.A 26:20-1 et seq.

**GRANT PROGRAM NO.** 12-67-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide grant funds to a non-profit agency to assist adults with Cystic Fibrosis to purchase supplemental nutritious food, prescription drugs and medical supplies/equipment. It is expected that between 60-100 persons will receive assistance under this program. A minimum of eighty percent (80%) of the funds will be used to provide direct client benefits. A maximum of twenty percent (20%) may be used for administrative costs.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal Appropriations. Approximately \$360,000 should be available in the Fiscal Year 2012 (July 1, 2011 to June 30, 2012) for one grant award. Continuation awards will be made based on satisfactory performance and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Organizations which have experience in providing financial assistance and direct services to persons with Cystic Fibrosis and who have the capability of administering State funds.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Applicants must demonstrate the capability of administering State funds and experience in providing financial assistance and direct services to persons with Cystic Fibrosis.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Laura Hernandez-Paine, Program Manager, CDPC  
Division of Family Health Services  
P.O.Box 364, 50 East State St.  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-0840

**FAX:** (609) 292-9288

**E-MAIL:** [laura.hernandez-paine@doh.state.nj.us](mailto:laura.hernandez-paine@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 1, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

June 30, 2011

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

New Jersey Commission on Brain Injury  
Individual research Grants

**STATUTORY AUTHORITY:**

NJCBIR P.L. 2003, C:200,  
N.J.S.A. 52:9EE-1

**GRANT PROGRAM NO.** 12-BIR-1

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The goals of this program are (1) to encourage investigators to undertake research on neural protection, repair and regeneration after traumatic brain injury; (2) to encourage individuals to undertake research on the effectiveness of clinical interventions for traumatic brain injury; and (3) to enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to develop a programmatic area of research that can be supported by additional funding from the National Institutes of Health, and other funding sources

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The NJCBIR will fund Individual Research Grants with an emphasis on the objectives and priorities stated within the NJCBIR Guidelines. Applicants are encouraged to apply for a one-year, two-year or three-year award. Maximum funding is up to \$150,000 per year for direct costs and 20% applicable indirect costs. Each funding award within the two/three-year period will be contingent upon the submission and successful review of an comprehensive Progress Report. All Progress Reports must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCBIR for continued funding. Senior scientists and young investigators may serve as principal investigator. If the applicant is a fellow, s/he must submit a letter of support from the laboratory's senior scientist, as well as two other appropriate letters of reference. Awards will begin on or about June 1, 2012. The NJCBIR reserves the right to distribute funds among the grants in this program 12-BIR1 as well as among the NJCBIR's other grant programs 12-BIR2, 12-BIR3, 12-BIR4. The NJCBIR reserves the right not to fund any grant in this program 12-BIR1 to the maximum amount, or not to fund any grant in this program at all. Up to \$6,500,000 will be made available for all programs (12-BIR1, 12-BIR2, 12-BIR3, 12-BIR4)

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Brain Injury Research  
Department of Health and Senior Services  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-6465

**FAX:** 609-943-4213

**E-MAIL:** NJCBIR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2011.  
Deadline for Applications: 5 PM on October 3, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - April 30, 2012

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

New Jersey Commission on Brain Injury Research  
Programmatic Multi-Investigator Grant

### STATUTORY AUTHORITY:

NJCBIR P.L. 2003, C:200,  
N.J.S.A. 52:9EE-1

**GRANT PROGRAM NO.** 12-BIR-2

### TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The goals of this program are (1) to encourage investigators to undertake research on neural protection, repair and regeneration after traumatic brain injury; (2) to encourage individuals to undertake research on the effectiveness of clinical interventions for traumatic brain injury; and (3) to enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to develop a programmatic area of research that can be supported by additional funding from the National Institutes of Health, and other funding sources

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

The NJCBIR will fund Programmatic Multi-Investigator Project Grants that supports collaborative research among at least 3 investigators from different laboratories with an emphasis on traumatic brain injury. Preference will be given to proposals that demonstrate complementary approaches to addressing a research question through multidisciplinary investigations (e.g., molecular, genetic, physiologic, behavioral and pharmacologic privileges). The goal of this mechanism is to enhance in-depth mechanistic analysis and promote translational research. During proposal review, if one sub-project does not receive a favorable recommendation for funding and is not considered necessary for effective implementation of the entire program, the remaining sub-projects, which must be a minimum of 3, may be considered for approval independent of the failed sub-project. Furthermore, if a Multi-Investigator Project grant does not receive an overall favorable recommendation, individual sub-project Principal Investigator(s) that were favorably reviewed may be asked to submit a revised Budget and Specific Aims for their project one time only within 30 days. The revised project(s) will then be considered for approval as an Individual Research Grant by the Independent Scientific Merit Review Panel.

Collaborations are encouraged among independent laboratories within the same institution, or among laboratories from different institutions. Applicants are encouraged to apply for a one-year, two-year or three-year award. Maximum funding is up to \$600,000 per year for direct costs and 20% applicable indirect costs. Awards will begin on or about June 1, 2012. The NJCBIR reserves the right to distribute funds among the grants in this program 12-BIR2 as well as among the NJCBIR's other grant programs 12-BIR1, 12-BIR3, 12-BIR4. The NJCBIR reserves the right not to fund any grant in this program 12-BIR2 to the maximum amount, or not to fund any grant in this program at all. Up to \$6,500,000 will be made available for all programs (12-BIR1, 12-BIR2, 12-BIR3, 12-BIR4)

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution. The principal investigator must be located within a qualifying institution in the State of New Jersey. Proposals must identify a principal investigator within each research site as well as an overall Principal Investigator (Program Director) who is responsible for ensuring collaboration among all investigators. Additionally, the Program Director will write the Overall Program

Rationale section that justifies the need for a multi-investigator project. There must be compelling reasons for applying as a program, not simply reflecting matters of geography, relatedness or use of common equipment.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applications and NJCBIR Research Guidelines governing grants are available for review and submission on the website at [www.sage.nj.gov](http://www.sage.nj.gov). A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2011.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Brain Injury Research  
Department of Health and Senior Services  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-6465

**FAX:** 609-943-4213

**E-MAIL:** [NJCBIR@doh.state.nj.us](mailto:NJCBIR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2011.  
Deadline for Applications: 5 PM on October 3, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - April 30, 2012

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

New Jersey Commission on Brain Injury Research  
Pilot Research Grant

### STATUTORY AUTHORITY:

NJCBIR P.L. 2003, C:200,  
N.J.S.A. 52:9EE-1

**GRANT PROGRAM NO.** 12-BIR-4

### TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The goals of this program are (1) to encourage investigators to undertake research on neural protection, repair and regeneration after traumatic brain injury; (2) to encourage individuals to undertake research on the effectiveness of clinical interventions for traumatic brain injury; and (3) to enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to develop a programmatic area of research that can be supported by additional funding from the National Institutes of Health, and other funding sources

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

The NJCBIR will fund Pilot Research Grants with an emphasis on encouraging (1) experienced investigators to pursue a new direction in brain injury research, or (2) new investigators who want to gather preliminary data for larger research projects.

Suitable projects include feasibility studies; secondary analysis of existing data; self contained research projects; development of research methodology; development of new research technologies; and investigation of novel scientific ideas, model systems, tools, agents, targets and technologies that have the potential to substantially advance brain cell regeneration and repair.

Applicants are encouraged to apply for a one-year or two-year award. Maximum funding is up to \$75,000 per year for direct costs and 20% applicable indirect costs. Awards will begin on or about June 1, 2012. The NJCBIR reserves the right to distribute funds among the grants in this program 12-BIR4 as well as among the NJCBIR's other grant programs 12-BIR1, 12-BIR2, 12-BIR3. The NJCBIR reserves the right not to fund any grant in this program 12-BIR4 to the maximum amount, or not to fund any grant in this program at all. Up to \$6,500,000 will be made available for all programs (12-BIR1, 12-BIR2, 12-BIR3, 12-BIR4)

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.

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### APPLICATION PROCEDURES:

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applications and NJCBIR Research Guidelines governing grants are available for review and submission on the website at [www.sage.nj.gov](http://www.sage.nj.gov). A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2011.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Brain Injury Research  
Department of Health and Senior Services  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-6465

**FAX:** 609-943-4213

**E-MAIL:** [NJCBIR@doh.state.nj.us](mailto:NJCBIR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2011.  
Deadline for Applications: 5 PM on October 3, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - April 30, 2012

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

New Jersey Commission on Brain Injury Research  
Postdoctoral and Graduate Student Fellowship

### STATUTORY AUTHORITY:

NJCBIR P.L. 2003, C:200,  
N.J.S.A. 52:9EE-1

**GRANT PROGRAM NO.** 12-BIR-3

### TYPE OF AWARDS TO BE ISSUED:

Letter of Agreement

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The goals of this program are (1) to encourage investigators to undertake research on neural protection, repair and regeneration after traumatic brain injury; (2) to encourage individuals to undertake research on the effectiveness of clinical interventions for traumatic brain injury; and (3) to enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to develop a programmatic area of research that can be supported by additional funding from the National Institutes of Health, and other funding sources

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Postdoctoral Fellowships are generous three-year salary awards that may be active up to and including the 8th postgraduate year. The beginning stipend levels are based on years of relevant research experience since obtaining the doctoral degree, starting at \$40,000 for 0 years experience, then \$42,000 for 1 year experience, etc. For each experience level, salaries for the next 2 years increase each year by \$2,000 (for example: 0 years experience; Year 1 = \$40,000, Year 2 = \$42,000, Year 3 = \$44,000). Applicants may apply by no later than their 6th year after their degree award. In addition to the stipend, there will be an annual research allowance of \$7,500 and an annual travel budget of \$1,500. Additional support includes a fringe benefit supplement at 12% of each annual stipend amount and indirect costs for the institution at 20% of each annual total amount. Institutions may supplement stipends, but not with other full-time fellowship awards, or other NJCBIR monies. A candidate may not apply for a NJCBIR Postdoctoral Fellowship and a NJCBIR Individual Research grant in the same grant cycle. If a first-year Fellow applies for and is awarded a NJCBIR Individual Research Grant, funding will be contingent upon cancellation of the second or third year of the fellowship. Non-research activities, such as teaching or clinical care, may not occupy more than 10% of the fellow's time. All Postdoctoral Fellows must submit a yearly Progress Report accompanied by a letter of support from the fellow's mentor. Second or third year fellowship funding is contingent upon the successful review of the progress report and a recommendation from the mentor. An Evaluation Form must be submitted to the NJCBIR office each year for two years following termination of the Fellowship grant.

Graduate Student Fellowships are three-year awards of \$27,500 per annum. They provide an annual stipend of \$24,000, and consistent with institution policy, an annual research allowance of \$2,000, and an annual travel budget of \$1,500. Up to \$6,000 of additional funds will be provided for tuition. No part of this award may be used for institutional overhead. Institutions may supplement stipends, but not with other full-time fellowship awards or other NJCBIR monies. Applicants may not serve as teaching assistants while holding a NJCBIR Graduate Student Fellowship. Second-year and third-year fellowship funding is contingent upon the successful review of a comprehensive progress report and a recommendation from the mentor. An Evaluation Form must be submitted to the NJCBIR office each year for two years following termination of the Fellowship grant.

Successful fellowship applicants are offered the opportunity to participate in an approved brain injury techniques course. The NJCBIR will make available up to \$4,000 for a grantee to attend a brain injury techniques course at an approved University that has the necessary experience and database on the use of standard brain injury models and devices. Grantees are responsible for making all necessary travel and course participation arrangements and payments. Reimbursements will be made to those who provide proof of course completion and expense receipts. Awards will begin on or about June 1, 2012. The NJCBIR reserves the right to distribute funds among the grants in this program 12-BIR3 as well as among the NJCBIR's other grant programs 12-BIR1, 12-BIR2, 12-BIR4. The NJCBIR reserves the right not to fund any grant in this program 12-BIR3 to the maximum amount, or not to fund any grant in this program at all. Up to \$6,500,000 will be made available for all programs (12-BIR1, 12-BIR2, 12-BIR3, 12-BIR4)

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Postdoctoral Fellowships - Candidates of outstanding quality must hold a Ph.D., and/or M.D., or equivalent graduate degree. Appropriate degrees must be awarded prior to activation of award. Candidates must be accepted for postdoctoral training under the supervision of an appropriate mentor at a qualifying academic research institution in New Jersey.

Graduate Student Fellowships - Applicants must be full-time graduate students in residence in a proposed course of study directly related to regeneration and repair of the damaged brain. Students must begin study in the semester following activation unless special permission is received prior to activation date. The NJCBIR prefers to support graduate student candidates who have completed the first year of graduate study and are concentrating on research projects at least 80% of their time.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applications and NJCBIR Research Guidelines governing grants are available for review and submission on the website at [www.sage.nj.gov](http://www.sage.nj.gov). A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2011.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Brain Injury Research  
Department of Health and Senior Services  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-6465

**FAX:** 609-943-4213

**E-MAIL:** [NJCBIR@doh.state.nj.us](mailto:NJCBIR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2011.  
Deadline for Applications: 5 PM on October 3, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - April 30, 2012

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

New Jersey Commission on Spinal Cord Research  
Exploratory Research Grant

### STATUTORY AUTHORITY:

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**GRANT PROGRAM NO.** 12-SCR-6

### TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The purpose of the Exploratory Research Grant award is to enable independent investigators to apply their specific expertise to spinal cord research. The award is designed to provide the resources necessary to acquire preliminary data that will allow the successful applicant to obtain continued support from the NJCSCR, NIH, and/or other funding agencies. It is specifically intended to facilitate the application of innovative ideas from other areas of science to the challenges of spinal cord injury and repair.

In addition to scientific merit and relevance, high priority will be given to collaborative proposals that are inter-institutional and/or inter-state in nature. Priority will also be given to investigators outside the field who bring their expertise into spinal cord injury research.

Successful applicants will have familiarized themselves with state-of-the art knowledge necessary to put the proposed study into the appropriate spinal cord context.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Two-year non-renewable awards are offered to applicants at a maximum funding level of up to \$100,000 per year including direct and indirect costs, (10% maximum for the latter). All awards are made through one-year contracts. Each funding award within the two-year period will be contingent upon the availability of funds. Second year support for all Exploratory Research Grants is contingent upon the submission and successful review of a Grant Continuation Application (SCR-2). The Grant Continuation Application (SCR-2) must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCSCR for continued funding. An Evaluation Form must be submitted to the NJCSCR office for the second and fifth year following termination of an Exploratory Research grant. Awards will begin on or about June 15, 2012. The NJCSCR reserves the right to distribute funds among the grants in this program 12-SCR6 as well as among the NJCSCR's other grant programs 12-SCR1, 12-SCR3. The NJCSCR reserves the right not to fund any grant in this program 12-SCR6 to the maximum amount, or not to fund any grant in this program at all. Up to \$5,000,000 will be made available for all programs (12-SCR1, 12-SCR3, 12-SCR6).

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for an Exploratory Research grant under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applications and NJCSCR Research Guidelines governing grants are available for review and submission on-the website at [www.sage.nj.gov](http://www.sage.nj.gov)

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-292-4055

**FAX:** 609-943-4213

**E-MAIL:** [NJCSCR@doh.state.nj.us](mailto:NJCSCR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications - December 8, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - June 1, 2012

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

New Jersey Commission on Spinal Cord Research  
Postdoctoral & Graduate Student Fellowship Grant

### STATUTORY AUTHORITY:

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**GRANT PROGRAM NO.** 12-SCR-3

### TYPE OF AWARDS TO BE ISSUED:

Letter of Agreement

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The NJCSCR will fund Postdoctoral and Graduate Student Fellowship grants to attract and retain in New Jersey's qualifying academic research institutions talented young scientists who wish to pursue a career in spinal cord regeneration and repair research. All awards will be made to the research institution in the name of the fellow. All proposals are reviewed by a panel of independent scientific experts who are appointed by the NJCSCR. The panel will evaluate candidates on academic qualifications, the scientific merit of the proposed research project and its relevance to the research priorities of the NJCSCR, the qualifications of the candidate's mentor, the adequacy of facilities, and institutional support.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Postdoctoral Fellowships are three-year awards of \$50,000 per annum. They provide an annual stipend of \$36,000, a research allowance of \$13,000, and a travel budget of \$1,000. No part of the award may be used for institutional overhead or indirect costs. Institutions may supplement stipends, but not with other full-time fellowship awards, or other NJCSCR monies. A candidate may not apply for a NJCSCR Postdoctoral Fellowship and a NJCSCR Individual Research grant in the same grant cycle. If a first-year fellow applies for and is awarded a NJCSCR Individual Research grant, funding will be contingent upon cancellation of the of the fellowship. Non-research activities, such as teaching, may not occupy more than 10% of the fellow's time. All Postdoctoral Fellows must submit a yearly Progress Report accompanied by a letter of support from the fellow's mentor. Second or third year fellowship funding is contingent upon the successful review of the progress report and a recommendation from the mentor.

Graduate Student Fellowships are two-year awards of \$30,000 per annum. They provide an annual stipend of \$25,000, a research allowance of \$4,000, and a travel budget of \$1,000. No part of this award may be used for institutional overhead, or for tuition. Institutions may supplement stipends, but not with other full-time fellowship awards or other NJCSCR monies. Applicants may serve as teaching assistants while holding a NJCSCR Graduate Student Fellowship without special permission. Second year fellowship funding is contingent upon the successful review of the Progress Report and a recommendation from the mentor.

Successful applicants are offered the opportunity to participate in an approved spinal cord injury techniques course. The NJCSCR will make available up to \$4,000 for a grantee to attend one of the following spinal cord injury techniques courses at: Reeve Irvine Research Center, University of California, Irvine; The Ohio State University; and The W.M. Keck Center for Collaborative Neuroscience, Rutgers, The State University of New Jersey. Grantees are responsible for making all necessary travel and course participation arrangements and payments. Reimbursements will be made to those who provide proof of course completion and expense receipts. Awards will begin on or about June 15, 2012. The NJCSCR reserves the right to distribute funds among the grants in this program 12-SCR3 as well as among the NJCSCR's other grant programs 12-SCR1, 12-SCR6. The NJCSCR reserves the right not to fund any grants in this program 12-SCR3 to the maximum amount, or not to fund any grant in these programs at all. Up to \$5,000,000 will be made available for all grant programs (12-SCR1, 12-SCR3, 12-SCR6). Funding estimates may vary, and are subject to annual appropriations. Each yearly funding award will be contingent upon the availability of funds. All Postdoctoral and Graduate Student Fellows must submit a yearly Progress Report accompanied by a letter of support from the fellow's mentor. Any change in relationship between the fellow and the mentor, or between the fellow and the host institution will require the submission of a new, competing application by the fellow as opposed to a Progress Report. An Evaluation Form must be submitted to the NJCSCR office for the second and fifth year following termination of the Fellowship grant.

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for an Exploratory Research grant under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Postdoctoral Fellowship Specifications - Candidates of outstanding quality must hold a Ph.D., and/or M.D., or equivalent graduate degree. Appropriate degrees must be awarded prior to activation of award. Candidates must be accepted for postdoctoral training under the supervision of an appropriate mentor at a qualifying academic research institution in New Jersey. The NJCSCR reserves the right to limit the number of fellowships awarded under the supervision of an individual mentor.

Graduate Student Fellowship Specifications - Candidates must be full-time graduate students in residence in a proposed course of study directly related to regeneration and repair of the damaged spinal cord. Students must begin study in the semester following activation unless special permission is received prior to activation date. The NJCSCR prefers to support graduate student candidates who have completed the first year of graduate study and are concentrating on research projects at least 80% of their time.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applications and NJCSCR Research Guidelines governing grants are available for review and submission on-the website at [www.sage.nj.gov](http://www.sage.nj.gov)

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-292-4055

**FAX:** 609-943-4213

**E-MAIL:** [NJCSCR@doh.state.nj.us](mailto:NJCSCR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications - December 8, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - June 1, 2012

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

New Jersey Commission on Spinal Cord Research  
Individual Research Grant

### STATUTORY AUTHORITY:

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**GRANT PROGRAM NO. 12-SCR-1**

### TYPE OF AWARDS TO BE ISSUED:

Cost-Reimbursement Grants

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The NJCSCR will fund research activities that hold the promise of developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease. All qualifying institutions in the State of New Jersey may apply. Individual Research Grant awards will be awarded to independent investigators with a record of productivity, a demonstrated commitment to spinal cord research, and only for projects that will address significant questions that will advance knowledge in the field. The goals of this program are (1) to encourage independent investigators to undertake research on spinal cord regeneration, recovery and rehabilitation; (2) to encourage scientists who are well-established in other areas to transfer their efforts to spinal cord research; and (3) enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to seek larger awards from the National Institutes of Health, and other funding sources.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Applicants are encouraged to apply for a one - three-year award. Maximum funding is up to \$200,000 per year including direct and indirect costs, (10% maximum for the latter). Successful applicants are offered the opportunity to participate in an approved spinal cord injury techniques course. The NJCSCR will make available up to \$4,000 for a grantee to attend one of the following spinal cord injury techniques courses at: Reeve Irvine Research Center, University of California, Irvine; The Ohio State University; and The W.M. Keck Center for Collaborative Neuroscience, Rutgers, The State University of New Jersey. Grantees are responsible for making all necessary travel and course participation arrangements and payments. Reimbursements will be made to those who provide proof of course completion and expense receipts. Three-year awards are made through one-year contracts. Each funding award within the three-year period will be contingent upon the availability of funds. Second and third-year support for all Individual Research grants is contingent upon submission of a Grant Continuation Application (SCR2). The Grant Continuation Application must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCSCR for continued funding. An Evaluation Form must be submitted to the NJCSCR office for the second and fifth year following termination of an Individual Research grant. Awards will begin on or about June 15, 2012. The NJCSCR reserves the right to distribute funds among the grants in this program 12-SCR1 as well as among the NJCSCR's other grant programs 12-SCR3, 12-SCR6. The NJCSCR reserves the right not to fund any grants in this program 12-SCR1 to the maximum amount, or not to fund any grant in these programs at all. Up to \$5,000,000 will be made available for all grant programs (12-SCR1, 12-SCR3, 12-SCR6). Funding estimates may vary, and are subject to annual appropriations.

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for Individual Research grants under this program. A qualifying research institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with a demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Senior scientists, young investigators, and postdoctoral fellows may serve as principal investigator. If the applicant is a fellow, s/he must submit a letter of support from the laboratory's senior scientist, as well as two other appropriate letters of

reference. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.

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**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Guidelines governing grants are available for review and submission on-the website at [www.sage.nj.gov](http://www.sage.nj.gov)

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health and Senior Services  
PO Box 360  
5<sup>th</sup> Floor, Room 502  
Trenton, New Jersey 08625-0360

**TELEPHONE:** 609-292-4055

**FAX:** 609-943-4213

**E-MAIL:** [NJCSCR@doh.state.nj.us](mailto:NJCSCR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications - December 8, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - June 1, 2012

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Health Programs for Refugees

**STATUTORY AUTHORITY:**

PL 96-212

**GRANT PROGRAM NO.** 12-30-RP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To ensure that refugee arrivals receive a domestic health exam within 30 days of arrival to identify and treat infectious diseases of public health concern, to identify and provide referral for treatment of chronic health conditions, and to introduce arrivals into the US healthcare system. Funding also supports a health literacy program.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$200,000 may be available for State Fiscal Year 2012 to fund approximately five awards to Federally Qualified Health Centers or equivalents. Awards begin on October 1, 2011 and will fund a twelve month budget period. The funding estimate may vary and is subject to state and federal appropriations. Applicants currently receiving health service grant money for the activity will be given first priority to receive funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non profit entities with licensed medical practioners capable of third party billing to New Jersey Medicaid.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Federally Qualified Health Centers or equivalents, capable of providing culturally sensitive and linguistically appropriate health services to the newly arrived refugee populations resettled in New Jersey. Entities should be strategically located in counties with the highest percentages of refugees.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health and Senior Services  
PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 826-5964

**FAX:** 609-292-5821

**E-MAIL:** Anne.Fox@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant, information included in formal request for application.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Indoor Tanning Safety

**STATUTORY AUTHORITY:**

N.J.S.A.26: 2D-81

N.J.S.A.26: 2D-88

**GRANT PROGRAM NO.** 12-31-ITS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To establish reasonable safety, sanitation, and record-keeping requirements for the operation of indoor tanning facilities in New Jersey that use ultraviolet sunlamp products as per N.J.A.C. 8:28.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$150,000. Funding estimates may vary based on generated revenue.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Must be a Local Health Department with Indoor Tanning Facilities in their respective jurisdictions.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Complete and submit a New Jersey Department of Health and Senior Services Grants Agreement.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Public Health Sanitation & Safety Program  
New Jersey Department of Health and Senior Services  
PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** 609-826-4941

**FAX:** 609-826-4992

**E-MAIL:** [timothy.smith@doh.state.nj.us](mailto:timothy.smith@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

To be Determined

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Spec. Pgm. to Increase Immunization Levels

**STATUTORY AUTHORITY:**

Public Health Service Act as Amended

**GRANT PROGRAM NO.** 12-22-IMM

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To continue support to selected local and state initiatives to substantially increase immunization levels. The majority of funds are intended to be allocated for increasing vaccine service delivery and ensuring a strong follow-up component both in traditional and non-traditional medical settings in normal and epidemic times; some funds may be used for related immunization assessment, outreach, and information/education activities.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$3,000,000 may be available in Federal Fiscal Year 2012 to fund 10-15 awards. Awards will begin on January 1, 2012 and will be for a 12 month budget period. Funding estimates may vary and are subject to state and federal appropriations. Applicants currently receiving grants for these activities and who have performed satisfactory will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local governmental entities, State agencies, non-profit corporations, licensed ambulatory care facilities and hospitals, and primary care centers in New Jersey which provide services in urban settings or depressed rural areas.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with Community Health and pediatric preventive care issues in mostly highly urbanized areas of New Jersey. Ability to provide immunization services at a variety of sites and also in non-traditional medical settings in targeted areas of need. Must be a professionally licensed organization which can provide these services in accordance with state and federal guidelines. Demonstrate ability in working with other state and local programs operating within a geographical area and within the local health jurisdiction.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Program Manager, Vaccine Preventable Disease Program  
New Jersey Department of Health and Senior Services  
PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 826-4860

**FAX:** 609-826-4866

**E-MAIL:** Angela.Sorrells@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to funding period.

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

NJ Governor's Council for Autism,  
Coordinating Center (contingent upon approval)

### STATUTORY AUTHORITY:

P.L. 2007, Chpt. 168, New Jersey Autism Biomedical  
Research Act

**GRANT PROGRAM NO.** 12-AUC-3

### TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The purpose of this grant program is to provide support to one (1) Coordinating Center (CC) to enlist a team of professionals capable of supporting the mission of the New Jersey Autism Center of Excellence (NJACE). The mission of the NJACE is to research, apply and advance best practices in the understanding, prevention, evaluation and treatment of autism spectrum disorders, enhancing the lives of individuals across their lifespan. The CC will coordinate three or four NJCAE program sites and contribute methodological expertise to enhance the rigor of the program sites research; ensure research meets high standards; conduct a multi-method, cross-site evaluation to assess context, implementation, participation, impacts, and participant satisfaction, as well as provide education to health care providers, the public, and parents. Applicants should provide evidence that they have the capability to expand the scope of services provided to accommodate the needs of additional Council initiatives, as needed.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

It is anticipated that approximately up to \$4,250,000 will be made available to fund one (1) Coordinating Center, subject to the availability of funds. There will be up to \$750,000 per year for five (5) years, for a total of \$3.75 million. An additional \$250,000 will be awarded to the CC annually for a period of two years for the establishment and maintenance of a centralized information management system to assist the program sites with data collection, editing, storage, analysis and dissemination of results from individual projects and shared research.

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Public or private non-profit agencies/institutions in the State of New Jersey. Applicant organizations must have familiarity with autism clinical practice and research.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicant organizations must meet criteria for funding as described in the specific RFA.

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### APPLICATION PROCEDURES:

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Grant funding will be offered on a competitive basis. Program guidelines will be posted at [www.nj.gov/health/autism](http://www.nj.gov/health/autism). Applications will be made available for review and submission at the website: [www.sage.nj.us](http://www.sage.nj.us)

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### FOR INFORMATION CONTACT:

Linda Bocclair, Executive Assistant  
Governor's Council for Medical Research and Treatment  
Of Autism  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-8740

**FAX:** 609-943-4213

**E-MAIL:** [linda.bocclair@doh.state.nj.us](mailto:linda.bocclair@doh.state.nj.us)

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### DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Specific application deadlines will be released with the specific RFA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**  
Specific date will be released with the specific RFA.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

NJ Governor's Council for Autism  
Clinical Autism Programs(contingent upon approval)

**STATUTORY AUTHORITY:**

P.L. 2007, Chpt. 168, New Jersey Autism Biomedical  
Research Act

**GRANT PROGRAM NO.** 12-AUC-4

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

It is the specific intent of this grant funding to recruit three or four established clinical autism programs that are well-positioned to support the mission of the New Jersey Autism Center of Excellence (NJACE) through the provision of best practice clinical services; collaboration on providing care with other systems of care outside of the applying institution; collecting data on patients for research purposes; and participation in multi-site research studies. The mission of NJACE is to research, apply and advance best practices in the understanding, prevention, evaluation and treatment of autism spectrum disorders, enhancing the lives of individuals across their lifespan. Under the direction of a Coordinating Center (CC), each program site will utilize common clinical protocols, based on best practices, to provide assessment, diagnosis, management, referral and ongoing care of individuals with autism spectrum disorders. At the core of the NJACE program sites will be a coordinated method of evaluation and management of individuals with autism, as well as an emphasis on collaborations within the larger community and the patient's medical home.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is anticipated that approximately up to \$1,000,000 will be made available to fund three or four program sites for five (5) years, subject to availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public or private non-profit agencies/institutions in the State of New Jersey. Applicant organizations must have familiarity with autism clinical practice and research.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant organizations must meet criteria for funding as described in the specific RFA.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Grant funding will be offered on a competitive basis. Program guidelines will be posted at [www.nj.gov/health/autism](http://www.nj.gov/health/autism).

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**FOR INFORMATION CONTACT:**

Linda Bocclair, Executive Assistant  
Governor's Council for Medical Research and Treatment  
Of Autism  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-8740

**FAX:** 609-943-4213

**E-MAIL:** [linda.bocclair@doh.state.nj.us](mailto:linda.bocclair@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Specific application deadlines will be released with the specific RFA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Specific date will be released with the specific RFA.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

NJ Governor's Council for Autism,  
Research and/or Postdoctoral Fellowships  
(contingent upon approval)

**GRANT PROGRAM NO.** 12-AUC-2

**STATUTORY AUTHORITY:**

P.L. 2007, Chpt. 168, New Jersey Autism Biomedical  
Research Act

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

If approved, the purpose of this program would be to provide support to established researchers and/or to postdoctoral fellows in the State of New Jersey to conduct basic science and clinical autism-related research projects.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The funding and establishment of this program are contingent upon approval by the Governor's Council on Medical Research and Treatment of Autism, as well as upon the availability of funds. It is anticipated that approximately up to \$1,000,000 will be made available to fund research grants (Individual and Fellowship applications).

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public or private universities or non-profit organizations in the State of New Jersey.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must meet criteria for funding available from the program. Proposed research projects by established researchers and/or post doctoral fellows must have the potential to enhance the autism community's understanding, diagnosis, and/or treatment of Autism Spectrum Disorders

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

If approved, grant funding will be offered on a competitive basis. Program guidelines will be posted at [www.nj.gov/health/autism](http://www.nj.gov/health/autism).

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**FOR INFORMATION CONTACT:**

Linda Bocclair, Executive Assistant  
Governor's Council for Medical Research and Treatment  
Of Autism  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-8740

**FAX:** 609-943-4213

**E-MAIL:** [linda.bocclair@doh.state.nj.us](mailto:linda.bocclair@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Specific application deadlines will be released with the specific RFA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Specific date will be released with the specific RFA.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Adolescent Health

**STATUTORY AUTHORITY:**

Title V of the Social Security Act;  
Preventive Health and Health Services Block Grant

**GRANT PROGRAM NO.** 12-42-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Support school and community partnerships to improve the health (physical, emotional, and social), safety and well-being of middle- and high-school students through the implementation of the Centers for Disease Control and Prevention's (CDC) eight component model of Coordinated School Health (CSH): [www.cdc.gov/healthyyouth](http://www.cdc.gov/healthyyouth). The CDC model uses a school health team, a self-assessment process, and an action plan to identify gaps, develop needed programs and/or services to prevent, identify and treat health problems or injuries.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for these grants is contingent on State and Federal appropriations to the Department. Funding, in an amount of up to \$1,011,000 was available in SFY 2012 to support adolescent middle- and high-school health projects. Awards are based on: availability of funds; satisfactory performance and timely reporting.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey-based public agencies or private non-profit health, social service or educational organizations or other entities with a history of working with schools and having the capacity to conduct the project.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Capacity and ability to meet programmatic and fiscal requirements necessary to carry out required school health activities, programs, services and initiatives for the implementation of CDC's Coordinated School Health model.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal and Child Health Services  
50 East State Street, 6<sup>th</sup> floor  
Trenton, NJ 08625

**TELEPHONE:** 609-984-1384

**FAX:** 609-292-9288

**E-MAIL:** [lakota.kruse@doh.state.nj.us](mailto:lakota.kruse@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Continuation applications are due no later than April 30, 2011 for grants starting July 1, 2011; by October 31, 2011 for grants starting January 1, 2012; Competitive Request for Applications (RFA) are not anticipated for SFY 2012, but if released, a due date for submission will be identified in the RFA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified approximately 30 days prior to start of the grant.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Child Health

**STATUTORY AUTHORITY:**

Social Security Act Title V and N.J.S.A. 26:2-132

**GRANT PROGRAM NO.** 12-43-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

1. Prevent and/or remediate lead poisoning in children under six years of age.
2. Support case management services for lead-burdened children that address also healthy home deficiencies.
3. Educate health and child care professionals about childhood lead poisoning and the principles of healthy homes.
4. Collaborate with Medicaid, health care providers and child care providers to promote age-appropriate screening.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State/Federal Appropriations. About \$3,000,000 should be available in SFY 2012 to support primary and secondary childhood lead poisoning initiatives that incorporate healthy homes activities. Continuation awards for the approved project period (July 1, 2011 - June 30, 2012) will be based on satisfactory progress in meeting agreed upon objectives and may affect the amount of funds available.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local/county health departments, nursing service agencies, and health care professional associations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrate ability to provide case management and environmental investigation in compliance with N.J.A.C. 8:51. Demonstrate ability to provide home visiting and case management services for children using appropriately trained staff. Demonstrate ability to collaborate with the primary care provider, resource agencies and the family to remove the child from the source of lead and relocate the family to lead safe housing. Demonstrate ability to address the broad range of housing deficiencies and hazards associated with unhealthy and unsafe homes.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal and Child Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-1384  
**FAX:** (609) 292-9288  
**E-MAIL:** Lakota.Kruse@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications are due by May 1, 2011 for grants starting July 1, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start of the grant.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Children's Oral Health Education Program

**GRANT PROGRAM NO.** 12-48-CHS**STATUTORY AUTHORITY:****TYPE OF AWARDS TO BE ISSUED:**

Title V of the Social Security Act

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Support Children's Oral Health Education Programs.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on State and Federal appropriations to the Department. Approximately \$385,000 may be available in SFY 2012 (July 1, 2011 - June 30, 2012) to support oral health education programs for school age children. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds available for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Governmental and non-profit agencies providing oral health outreach, education and services to school-age children, including local health departments community-based agencies, hospitals and federally qualified health centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The applicant must have an established history and proven capability to provide preventive oral health services and education to high need/risk children in underserved areas of the State. \*Note that preference will be given to applicants that have an established history in administering the Children's Oral Health Education Programs.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Coordinator, Children's Oral Health Program  
Maternal and Child Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 943-5749**FAX:** (609) 292-9288**E-MAIL:** Beverly.Kupiec@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funding program February 1, 2011 for grants starting July 2011 and February 1, 2012 for grants starting July 2012. Competitive applications due to funding program in accordance with the Request for Proposals.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start of the grant.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Family Planning

**STATUTORY AUTHORITY:**

Title X of the Public Health Service Population Act

**GRANT PROGRAM NO.** 12-44-FP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide funds to support clinical family planning and related services throughout the state with a focus to provide family planning services to low income residents of New Jersey. This includes the provision of health and related services to adolescents.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on State and Federal appropriations of funds to the Department. Approximately \$5.5 million should be available for grants for Calendar Year (CY) 2012. Continuation awards within an approved project period will be based on satisfactory progress and will affect the amount of funds available for new competitive grants.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Government or non-profit agencies which are licensed ambulatory care facilities and provide or can provide comprehensive family planning services in conformity with state and federal regulations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. A licensed ambulatory care facility which can provide clinical family planning services and community education in accordance with state and federal guidelines.
2. Medical provider or has applied to become one.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

1. Contact Office of Director (see below).
2. Based on funding availability for new projects, a formal request for applications will be published by the program.
3. Prepare Grant application in accordance with formal request for application requirements.

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 E. State Street, 6th Floor, PO Box 364  
Trenton, New Jersey 08625-0364

**TELEPHONE:** (609) 292-5616

**FAX:** (609) 292-9288

**E-MAIL:** [Lakota.Kruse@doh.state.nj.us](mailto:Lakota.Kruse@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funded programs by July 1, 2011 application to be received by September 1, 2011 for January 1, 2012 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start date of grant.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Fetal Alcohol Syndrome Prevention

**STATUTORY AUTHORITY:**

N.J.S.A 26:2B-32, Alcohol, Education,  
Rehabilitation and Enforcement Fund

**GRANT PROGRAM NO.** 12-46-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Development of regional projects which prevent alcohol and other drug use pre-pregnancy, during pregnancy and post-partum. This will be done through training of perinatal professionals and general public education, substance abuse risk screenings in prenatal settings, intervention counseling of pregnant women and referral to addiction treatment programs. To increase the number of pregnant and preconceptual women screened for risk of substance use and abuse.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of State and Federal funds to the department. Approximately \$900,000 will be available to fund coordination of risk reduction services.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Licensed Maternal and Child Health Consortia.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Maternal and Child Health Consortia must demonstrate ability to provide coordination as specified by the Reproductive and Perinatal Health Services Program.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

1. Contact Office of Director (see below)
2. Submit Letter of Intent to program
3. Prepare grant application

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625

**TELEPHONE:** (609) 984-1384

**FAX:** (609) 292-9288

**E-MAIL:** Lakota.Kruse@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funding program February 1, 2011 for July 2011 grants and August 1, 2011 for January 1, 2012 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start date of grant.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Nutrition, Physical Activity, Obesity

**STATUTORY AUTHORITY:**

45 CFR Part 74, 45 CFR Part 92 as applicable

**GRANT PROGRAM NO.** 12-38-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Support initiatives to improve healthful eating, increase physical activity and other health and wellness activities that impact the prevalence of obesity.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent upon State and Federal appropriations. Approximately \$750,000 will be available for SFY 2012 to support obesity prevention efforts. Continuation awards are based on satisfactory performance in meeting objectives, and preference is given to grantees who are performing satisfactorily.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public agencies including county health departments, hospitals, higher education institutions/affiliates, schools, public and private non-profit agencies and other community based service providers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Capacity and ability to meet programmatic and fiscal requirements necessary to carry out activities, programs and initiatives to address stated needs.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Office of Nutrition & Fitness  
PO Box 364, 50 East State Street  
Trenton, NJ 08625-0364

**TELEPHONE:** 609-292-2209

**FAX:** 609-292-9599

**E-MAIL:** [shapingnj.onf@doh.state.nj.us](mailto:shapingnj.onf@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Competitive applications due in accordance with the Request for Proposals. Continuation grant applications are due March 15, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start of the grant.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Outreach and Education

**STATUTORY AUTHORITY:**

Health Care Subsidy Fund, est. pursuant to  
PL 1992, c.160 c. 26:2H-18.58

**GRANT PROGRAM NO.** 12-49-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To inform the community through outreach services and educational programs about the issue of Infant Mortality. To improve and provide quality access to prenatal care, preconception and interconception care as a means to decrease infant mortality rates.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$3 million should be available to New Jersey based public agencies or private non-profit organizations, as evidenced by a 501 (c) (3) status tax determination letter or other proof of non-profit status; including Healthy Start of East Orange, Orange and Montclair and Sudden Infant Death Syndrome Resource Center. Funding is contingent on appropriation to the Department. Grant awards will range from \$250,000 to \$750,000.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Maternal Child Health Consortia, local health departments; ambulatory care facilities; and other facilities that provide dedicated maternal and child health services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be able to demonstrate need for and ability to provide acceptable services to the target population, as determined by the Reproductive and Perinatal Health Services Program. For SIDS: Must be a State medical school and be able to demonstrate the ability to identify, treat and track infants who are potential victims or victims of SIDS and SIDS families, offer diagnostic procedures, medical treatment, counseling, referral and community and professional education regarding SIDS, maintain the SIDS database, serve as an advisory group on SIDS, and provide other services as needed for SIDS victims and families.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

1. Contact Office of Director (see below)
2. Submit Letter of Intent to program
3. Prepare grant application

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625

**TELEPHONE:** (609) 984-1384

**FAX:** (609) 292-9288

**E-MAIL:** [Lakota.Kruse@doh.state.nj.us](mailto:Lakota.Kruse@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funding program February 1, 2011 for July 2011 grants and August 1, 2011 for January 1, 2012 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start date of grant.



## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

OMMH Community Grants

**STATUTORY AUTHORITY:**

State Appropriation  
Chapter 205, PL 1991, c.401

**GRANT PROGRAM NO.** 12-70-OMH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To support health disparity reduction projects in minority communities statewide. Programs will focus on outreach, training, raising awareness of chronic disease disparities, and improving health outcomes in minority communities using multifaceted approaches and strategies.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funding estimates may vary and are subject to state appropriations. Approximately \$900,000 in state funds for up to 11 grants and/or mini-grant awards will be given.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non-profit community or faith-based minority serving organization (CBO/FBOs) with the capability of administering State funds and following through on the specifications of the grant.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Documented history, experience and capacity to provide creative and effective culturally, ethnically, and linguistically appropriate services to hard to reach at risk populations. Applicants must demonstrate partnerships with health care providers and other community level entities which facilitate the conduction of programs, education and outreach which yield measurable outcomes, and may be duplicated in other communities.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

A Request for Applications (RFA) will be released in early Spring 2011 with full details of application procedures. Applicants will need to attend a Technical Assistance Meeting and submit a Letter of Intent to apply. A second RFA will be released for a mini-grant program in the Spring of 2011.

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**FOR INFORMATION CONTACT:**

Monique Smith, Acting Executive Director  
Office of Minority and Multicultural Health  
New Jersey Department of Health and Senior Services  
P O Box 360 Trenton, NJ 08625-0360

**TELEPHONE:** (609) 292-6962

**FAX:** (609) 292-8713

**E-MAIL:** [monique.smith@doh.state.nj.us](mailto:monique.smith@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Multiple grant application deadlines are planned and will be specified as appropriate with the RFA release. All applications must be submitted through the SAGE System.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicants will be notified within one month of the beginning of the project period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Federally Qualified Health Center Expansion

**STATUTORY AUTHORITY:**

Health Care Reform Act 1992, Chapter 160

**GRANT PROGRAM NO.** 12-45-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Letters of Agreement or Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide funding to Federally Qualified Health Centers (FQHC) supported under Sections 330 of the "Public Health Service Act", and other Centers designated as FQHC Look Alikes to enable expanded hours of operation to evenings and weekends, and to promote community-based primary health care as an alternative to hospital emergency departments and enhance quality of care delivered. For 330s Community Health Centers, funds will be used to provide reimbursement for uninsured preventive and primary care visits.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of funds to the Department. Approximately \$40 million should be available in SFY 2012 to support FQHCs participating in the program through a letter of agreement from July 1, 2011 to June 30, 2012.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

FQHCs participating, through a LOA, in the FQHC Expansion Program.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Federal designation as a 330s FQHC or federal designation as a FQHC "look alike", and current or prior participation in the program.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Either response to a Request for Application (RFA), completion of the Grant Application forms and timely submission to the Program Office; or a signed Letter of Agreement in accordance with time frames specified.

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**FOR INFORMATION CONTACT:**

Office of Primary Care/Rural Health  
Division of Family Health Services  
50 E. State Street, P.O. Box 364, Trenton, NJ 08625

**TELEPHONE:** (609) 292-1495

**FAX:** (609) 292-3580

**E-MAIL:** [linda.anderson@doh.state.nj.us](mailto:linda.anderson@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Completed applications and/or signed agreements are due in the program office on the date specified in the RFA or LOA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification will be approximately 4 weeks after receipt of the Grant Application or receipt of the signed LOA.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Primary Care Cooperative Agreement

**STATUTORY AUTHORITY:**

Public Health Service Act, Section 333D,  
Public Law 100-177

**GRANT PROGRAM NO.** 12-50-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To assist members of the Primary Care Association in preparation of health professional shortage area applications, conduct primary care needs assessments, which are regional specific to Primary Care Association members' needs and also target areas of interest identified by the Department of Health and Senior Services. To assist in recruitment and retention of National Health Service Corps providers specific to target member and Department areas of interest. Continuous award is based on satisfactory progress.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The amount of award: Approximately \$54,000. The availability of funds for this grant, April 1, 2011 and March 31, 2012, is contingent on sufficient Federal appropriation from the Bureau of Health Professions for Community Development and National Health Service Corp Recruitment and Retention ARRA activities.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey Primary Care Association

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Ability to coordinate the development and expansion of primary health care delivery system capacity with members and Department areas of interest. Knowledge of Shortage Designation Branch regulations and guidance.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

1. Contact the Office of Primary Care/Rural Health.
2. Prepare Grant Application.

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**FOR INFORMATION CONTACT:**

Office of Primary Care/Rural Health  
Division of Family Health Services  
50 E. State Street, P.O. Box 364  
Trenton, NJ 08625

**TELEPHONE:** (609) 292-1495

**FAX:** (609) 292-3580

**E-MAIL:** [linda.anderson@doh.state.nj.us](mailto:linda.anderson@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application to be received by February 1, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant notified by March 1 for grants starting April 1.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Rural Health Program

**STATUTORY AUTHORITY:**

Public Health Services Act P.L. 101-597 SEC 338J

**GRANT PROGRAM NO.** 12-71-RHP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The objective of this program will be to maintain a clearing house on Rural Health information; to coordinate all activities statewide which impact on Rural Health; to identify federal and state programs regarding Rural Health and provide technical assistance to public and nonprofit entities; and to promote the recruitment and retention of health professionals to work in rural areas.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$150,000 is available in SFY 2012 to fund up to five (5) community based awards. The awards will begin on or about July 1, 2011 and will be made for a twelve month budget period with a project period of up to two years. Continuation awards will be made based on satisfactory progress and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Nonprofit agencies incorporated within New Jersey with the ability to provide representation to constituents in federal and/or state defined rural areas.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated history and understanding of health needs in rural areas of New Jersey. These issues include access to care, addressing health disparities and actual service delivery. See criteria outlined in the Request for Application (RFA) for additional qualifications.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

1. Contact the Office of Primary Care/Rural Health on or about March 1, 2011.
2. Prepare a New Jersey Health Services grant application.

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**FOR INFORMATION CONTACT:**

Office of Primary Care/Rural Health  
Division of Family Health Services  
50 E. State Street, P.O. Box 364, Trenton, NJ 08625

**TELEPHONE:** (609) 292-1495

**FAX:** (609) 292-3580

**E-MAIL:** [linda.anderson@doh.state.nj.us](mailto:linda.anderson@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application to be received by May 1, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant notified by June 1 for a start date of July 1.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Healthcare Emergency Preparedness Program

**STATUTORY AUTHORITY:**

P.H.S.A., Title III, Sec.319C-2, 42 U.S.C. 247d-6

**GRANT PROGRAM NO.** 12-27-HBT

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The goal is to ensure awardees use funds to maintain, refine, and to the extent achievable, enhance the capacities and capabilities of their healthcare systems, and for exercising and improving preparedness plans for all hazards events.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately six million should be available in SFY 2011. Awards should begin on July 1, 2011 and will be for a 12 month period. The funding estimate may vary and is subject to State and Federal Appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Healthcare systems including; acute care general hospitals, long term care facilities, Federally Qualified Health Centers (FQHCs), Home Health Agencies, Comprehensive Rehabilitation Hospitals, and Trade Associations that represent these healthcare entities.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Established Medical Coordination Centers to include; North, Central and South EMS Taskforce functions; entities listed above licensed by N.J.A.C. Title 8, Chapter 39, 42, 43A, 43G, 43H and not-for-profit Trade Associations that represent the above entities.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Dana Johnson

New Jersey Department of Health and Senior Services

PO Box 360

Trenton, NJ 08625

**TELEPHONE:** 609-341-3511

**FAX:** 609-633-3859

**E-MAIL:** [dana.johnson@doh.state.nj.us](mailto:dana.johnson@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

This information will be included in the Request for Application (RFA).

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

On or about July 1, 2011.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Local Core Capacity Infrastructure for Public  
Health Emergency Preparedness

**STATUTORY AUTHORITY:**

PL2001 Ch246 C.APPA.A:9-64-77  
PHS 301(A), 317(K) (1)(2) 319 42USC241 (A)

**GRANT PROGRAM NO.** 12-29-BT

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To upgrade Local Information Network and Communications Systems (LINCS) Agencies' preparedness for and response to bioterrorism, pandemic influenza, other outbreaks of infectious disease, public health threats and emergencies.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$8-\$11 million should be available in State Fiscal Year 2012 to fund up to 21 LINCS agencies. It is expected that average awards will range from \$400,000 to \$500,000. The awards will begin on or about August 10, 2011, and cover a twelve month budget period. The funding estimate may vary and is subject to federal and/or state appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Eligibility is limited to local health departments or county environmental health agencies designated by the New Jersey Department of Health and Senior Services (NJDHSS) as LINCS agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a local health department or county environmental health agency designated as a LINCS agency, and under the direction of a full-time licensed health officer employed by the health agency. Must have a record of satisfactory performance in LINCS program activities as determined by NJDHSS.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Carl Michaels  
New Jersey Department of Health and Senior Services  
Public Health Infrastructure, Laboratories and Emergency  
Preparedness  
P.O. Box 360  
Trenton, NJ 08625-0369

**TELEPHONE:** 609-292-0290

**FAX:** 609-943-5116

**E-MAIL:** [carl.michaels@doh.state.nj.us](mailto:carl.michaels@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

This information will be included in the formal request for application and letter of intent.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

This information will be included in the formal request for application and letter of intent.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

New Jersey Poison Information and Education System  
Certified Poison Center

**STATUTORY AUTHORITY:**

Poison Control/Drug Information Act  
P.L. 1982, c.177

**GRANT PROGRAM NO.** 12-40-EMS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

A certified poison center to operate and maintain the following statewide services: 1) poison information, telephone management advice and consultation about toxic exposures; 2) hazard surveillance to achieve hazard elimination; 3) professional and public education in poison prevention, diagnosis, and treatment; and 4) meets the American Association of Poison Control Centers (AAPCC) Criteria for Certification of Poison Centers and Poison Center Systems.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$587,000 should be available in SFY 2012 to fund one award. The award will begin on or about July 1, 2011 and will be made for a 12-month budget period/project period. Additional funding may be available to an accepted applicant through N.J.A.C. 8:43G-5.10(a) which requires "all hospitals providing emergency room services to be members in good standing of the New Jersey Poison Information and Education System." Funding estimates may vary and are subject to state appropriation and an acute care hospital designated fee. An applicant currently receiving Grant funds for this activity who has performed satisfactorily will be given priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey acute care hospitals possessing the qualifications needed to adequately provide poison control and prevention services throughout the State of New Jersey.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

An applicant must meet all "Criteria for Certification of Poison Centers and Poison Center Systems" as specified by the AAPCC and be a member in good standing of the AAPCC. These criteria include the ability to provide poison information 24 hours/day, 365 days/year to both health professionals and the public readily accessible by telephone from all areas within New Jersey with comprehensive poison information resources and written operational guidelines providing a consistent approach to evaluation and management of toxic exposures maintained on site. Staffing requirements include a medical director and medical back-up, full time toxicological supervision, specialists in poison information and other poison information providers, certified Poison Center specialty consultants, and education and administration staff as specified by the APCC Criteria for Certification of Poison Centers and Poison Center Systems. The Center shall have an ongoing quality improvement system, an understanding of New Jersey treatment capabilities, a data collection system and professional and public education programs.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Prospective applicants are asked to submit a Letter of Intent no later than March 15, 2011. A Request for Proposal (RFP) will be mailed to all eligible entities upon receipt of the Letter of Intent. All application criteria, requirements and procedures will be included in the RFP. The grant award period and the grant project period will be identical and run from July 1, 2011 to June 30, 2012.

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**FOR INFORMATION CONTACT:**

Kathleen Lutz  
Office of Emergency Medical Services  
PO Box 360  
Trenton NJ 08625-0360

**TELEPHONE:** (609)633-7777

**FAX:** (609)633-7954

**E-MAIL:** kathleen.lutz@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications should be submitted through [www.sage.nj.gov](http://www.sage.nj.gov) no later than 11:59 pm April 30, 2011 for a grant award beginning on July 1, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicants will be notified by May 25, 2011 whether the application has been accepted and will be processed.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Public Health Emergency Preparedness Funding

**STATUTORY AUTHORITY:**

PL2001 Ch246 C.APPA.A:9-64-77

PHS 301 (A), 317 (K) (1)(2) 319 42USC241 (A)

**GRANT PROGRAM NO.** 12-29A-BT

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To upgrade local health departments capacity, preparedness for and response to bioterrorism, pandemic influenza, other outbreaks of infectious disease, public health threats and emergencies using an all-hazards approach.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Up to one million may be available in the State Fiscal Year 2012 to fund local health departments throughout New Jersey. Individual awards will vary and should begin on or about August 10, 2011, and cover a twelve month budget period. The funding estimate may vary and is subject to federal and/or state appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Eligibility is limited to licensed health departments in New Jersey and/or The New Jersey Health Officers Association (NJHOA), a non-profit organization representing New Jersey's local health departments.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a local health department under the direction of a full-time licensed health officer employed by the health agency and/or the NJHOA whose membership is comprised of licensed health officers. Must have a record of satisfactory performance in prior grant activities as determined by NJDHSS.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

---

**FOR INFORMATION CONTACT:**

Carl Michaels

New Jersey Department of Health and Senior Services

Public Health Infrastructure, Laboratories and Emergency  
Preparedness

P.O. Box 360

Trenton, NJ 08625-0369

**TELEPHONE:** 609-292-0290

**FAX:** 609-943-5116

**E-MAIL:** [carl.michaels@doh.state.nj.us](mailto:carl.michaels@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

This information will be included in the formal request for application and letter of intent.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

This information will be included in the formal request for application and letter of intent.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Alzheimer's Adult Day Services

**STATUTORY AUTHORITY:**

New Jersey Statute 26:2M-9 et seq.

**GRANT PROGRAM NO.** 12-51-GER

**TYPE OF AWARDS TO BE ISSUED:**

Letters of Agreement- Fee for Services

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide structured, supervised adult day services for persons with limited financial resources who have a diagnosis of Alzheimer's disease or a related dementia; to provide counseling, referral and education to support caregivers.

(The full name of the program is the Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders, abbreviated as AADSP.)

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$3.2 million should be available in fiscal year 2012 to reimburse 55-60 agencies/ sites. Services for eligible clients are reimbursed under the terms of the agency's letter of agreement. Agencies that currently have letters of agreement for these activities and who have performed satisfactorily will be given first priority for funding. Agencies reimbursement is based on AADSP sliding fee scale.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Existing agencies that offer adult day services for persons with covered forms of dementia. Priority is given to currently approved programs and new applicants in underserved areas of the State.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. Ability to meet the nursing, psychosocial and recreational needs of persons in middle to late stages of dementia.
2. Ability to provide a safe, therapeutic milieu and
3. Ability to offer supportive services and education for caregivers.

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**APPLICATION PROCEDURES:**

Determination is made by the AAA Administration & State Funded Programs office that funds are available. Request application. Submit completed application to the State Funded Programs unit by deadline specified

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**FOR INFORMATION CONTACT:**

Tracy Wozniak-Perriello, BSW Financial Administrator  
AAA Administration & State Programs  
NJDHSS- Division of Aging & Community Services

**TELEPHONE:** 609-943-3430

**FAX:** 609-633-8081

**E-MAIL:** tracy.wozniak-perriello@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

When funds allow, submission of application is ongoing for new applicants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

New applicants are notified within three months of submission of application.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Chronic Disease Self-Management Program - ARRA

**STATUTORY AUTHORITY:**

American Recovery and Reinvestment Act  
P.L. 111-5,  
Title VIII

**GRANT PROGRAM NO.** 11-106-CDM

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Grantees will deliver the Stanford University Chronic Disease Self-Management Program (CDSMP) to older people with chronic conditions (emphasis on low-income and non-English speaking individuals). Activities may include: 1) delivering 6-week CDSMP workshops; 2) identifying and training peer leaders; 3) overseeing peer-led workshops; 4) establishing referral protocols; and 5) recruiting older adults to enroll in CDSMP.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

A total of approximately \$327,000 will be awarded in grants ranging from \$10,000 - \$45,000. Awards begin May 1, 2011. Applicants currently receiving grants for this activity that have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local, regional and state organizations including: community-based organizations, public agencies, hospitals, FQHCs, faith-based organizations, and organizations that can deliver the program in languages other than English.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Agencies must have the ability to: 1) reach older adults with chronic conditions, low-income individuals, members of minority populations, or non-English speaking individuals; 2) deliver multiple CDSMP workshops and/or peer leader trainings according to Stanford University requirements; 3) provide quality assurance monitoring of peer leaders/workshops; 4) integrate CDSMP into established service delivery networks; 5) comply with data collection and reporting requirements; and 6) establish an infrastructure to ensure access to CDSMP beyond the grant period.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Gerry Mackenzie, Department of Health and Senior Services  
PO 807 Trenton, NJ 08625

**TELEPHONE:** 609-943-3499

**FAX:** 609-943-3497

**E-MAIL:** [geraldine.mackenzie@doh.state.nj.us](mailto:geraldine.mackenzie@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letters of Intent due March 1, 2011. Applications due March 15, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

April 15, 2010

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Congregate Housing Services Program

**STATUTORY AUTHORITY:**

PL 1981, Chapter 553 A 3626  
N.J.A.C. 5:70 1.1 et seq.

**GRANT PROGRAM NO. 12-53-CHP****TYPE OF AWARDS TO BE ISSUED:**

Letters of Agreement with cost-reimbursement/  
fee for service

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide supportive services (i.e. one nutritionally balanced meal daily in a family-style setting, housekeeping and personal assistance) to frail, low-income elderly persons and adults with disabilities residing in subsidized housing facilities; to provide financial assistance to those who are in need of basic services but cannot afford the cost of such services.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grant awards range from approximately \$15,000 to \$325,000 from the State Appropriation and Casino Revenue Fund. There is also a participant contribution based on a co-pay scale as well as an optional grantee contribution.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Subsidized housing agencies interested in assisting elderly persons and adults with disabilities in need of supportive services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Qualified housing agencies are non-profit or limited dividend housing sponsors, owners, entities, or individuals, or municipalities, counties, or public authorities maintaining or operating a congregate housing facility under a federal low or moderate income housing program, under a NJHMFA program or under other programs for low and moderate income occupancy. Preference will be given to current recipients of Congregate Housing Services Program grants.

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**APPLICATION PROCEDURES:**

Submit a Letter of Interest delineating the need and proposed method of implementing congregate dining and the delivery of supportive services in the subsidized building(s). Then, based on the availability of funds, a Request for Proposal (RFP) will be released by the Department to eligible candidates.

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**FOR INFORMATION CONTACT:**

Marilyn S. White, Administrator  
Congregate Housing Services Program  
Division of Aging and Community Services  
P.O. Box 807  
Trenton, NJ 08625-0807

**TELEPHONE:** (609) 943-4983

**FAX:** (609) 633-8081

**E-MAIL:** marilyn.white@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letters of Interest are accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Specific deadlines will be released along with the Request for Proposal (RFP).

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

State Health Insurance Assistance Program (SHIP)

**STATUTORY AUTHORITY:**

Public Law 101-508, Section 4360  
(Omnibus Reconciliation Act of 1990)

**GRANT PROGRAM NO.** 12-72-HIM

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Provide counseling and assistance to people with Medicare who are in need of information about obtaining benefits from Medicare, Medicare Advantage, Medicare prescription drug coverage, Medicare Savings Programs, Medicare supplement insurance, and long-term care insurance; develop outreach programs; assist beneficiaries to enroll in health and prescription plans; assist beneficiaries to resolve enrollment and claims problems with Medicare Parts A, B, C and D, and other health insurance that works with Medicare.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is anticipated that the U.S. Department of Health & Human Services' Centers for Medicare & Medicaid Services (CMS) will be awarding the New Jersey SHIP approximately \$1,100,000 for the Grant Period April 1, 2011 - March 31, 2012. The grant award to the State varies from year to year. The New Jersey SHIP sub-grants to 17 Area Agencies on Aging and 4 non-profit community-based organizations to administer the SHIP at the local level. Grant amounts generally range from \$20,000 - \$35,000.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local agencies, private and public not-for-profit agencies, and community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience in reaching and providing health education to minority, disabled, and elderly populations.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Mary McGeary, Acting Program Director  
State Health Insurance Assistance Program  
Department of Health & Senior Services  
Box 807  
Trenton, NJ 08625-0807

**TELEPHONE:** 609-943-3491

**FAX:** 609-943-4669

**E-MAIL:** [mary.mcgeary@doh.state.nj.us](mailto:mary.mcgeary@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

February 16, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Last week in March, 2011

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health and Early Intervention Svs.  
Case Management

**GRANT PROGRAM NO.** 12-57-SCH

**STATUTORY AUTHORITY:**

N.J.S.A. 26:1A-37; Title 26:2H-1 Hlth. Care Facil.  
Planning Act N.J.S.A. 26:2-60 N.J.S.A. 9:13 et seq.

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to twenty-one (21) existing Special Child Health Services Case Management Units. To assure that children with special health needs will have their care coordinated, and that parents receive assistance in addressing the needs of their children.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State and Federal appropriations. It is expected that 21 county grants will be supported. Approximately \$3,000,000 is awarded annually.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Funding is limited to one case management unit in each county selected jointly by the County Board of Chosen Freeholders and Special Child Health Services.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a private non-profit or government agency with proven experience serving the special health needs of physically handicapped or chronically ill children. Must be able to provide services on a county-wide basis. Preference will be given to continuation of existing applicants who have performed satisfactorily.

---

**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Bonnie Teman  
Special Child Health and Early Intervention Svs.  
PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-3580

**E-MAIL:** [bonnie.teman@doh.state.nj.us](mailto:bonnie.teman@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is April 1 for funding by July 1, 2011

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on/ or about May 15, 2011.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health and Early Intervention Svs.  
Child Evaluation Centers

**GRANT PROGRAM NO.** 12-58-SCH

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A 26:5B-1, Title V of the  
Social Security Act, MCH Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Child Evaluation Centers are funded to provide a variety of evaluative services to assess the needs of children with congenital or acquired neurodevelopmental disorders including communication, learning and behavioral disorders.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent on State and Federal appropriations as well as some Casino funds. Approximately \$2.3 million is expected to be available to support 11 centers.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-profit medical facilities which are licensed in New Jersey, and accredited by the Joint Commission on Accreditation of Healthcare Organizations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must meet the criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Jo-Ann Ayres  
Special Child Health and Early Intervention Svs.  
PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-3580

**E-MAIL:** JoAnnAyres@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is April 21, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on/or about May 21, 2011.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

New Jersey Early Intervention System (NJEIS)  
Special Child Health & Early Intervention Services

**GRANT PROGRAM NO.** 12-61-SCH

**STATUTORY AUTHORITY:**

P.L. 108-446 (Part C, IDEA)  
P.L. 1993, Chapter 309

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants or Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide support for a statewide network of early intervention services for developmentally delayed/disabled children, birth to three, and their families.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this activity are contingent upon State and Federal appropriations. Approximately \$140 million is estimated for SFY 2012 to fund Regional Early Intervention Collaboratives (REICs) and direct providers of early intervention services. Continuation awards will be based on satisfactory performance and will affect the amount of funds available for new competitive grants.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

For-profit (LOA only) or not-for-profit corporation, government agency, hospital, school, college, or university.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability and capacity to meet the programmatic requirements; certified financial audit, for the most recent completed fiscal year, by an independent auditor; demonstrated successful experience providing services to infants/toddlers, birth to age three, with developmental delay and their families.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Renewal applications are released to existing REICs and Service Coordination Units that perform satisfactorily. Existing Early Intervention Program (EIP) provider agencies received an open-ended Letter of Agreement (LOA). Announcements for potential new provider agencies will be posted at <http://nj.gov/health/fhs/eis/index.shtml>. A formal Request for Application (RFA) will be published by the NJEIS based on an identified need for agencies or special projects. Submit grant application in accordance with the requirements in the formal request for application.

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**FOR INFORMATION CONTACT:**

Terry Harrison, Part C Coordinator  
New Jersey Early Intervention System  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** 609-777-7734

**FAX:** 609-777-7739

**E-MAIL:** [terry.harrison@doh.state.nj.us](mailto:terry.harrison@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

The schedule can vary by type of grant. Schedules will be included in the RFAs. Typically, RFAs are released prior to March and application deadline is 30 days after release of RFA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

In general, Notification of Awards is prior to July 1 unless otherwise specified in an RFA.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health & Early Intervention Services  
Hemophilia Services

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2:90

**GRANT PROGRAM NO.** 12-62-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to currently funded regional hemophilia treatment services for patients residing in New Jersey and to provide partial support for the purchase of insurance policies for individuals with hemophilia on home care/infusion treatment.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State Appropriations. It is expected that four health services grants and one insurance grant will be supported. Approximately \$1.3 million is awarded annually. The grant period is from July 1, 2011 to June 30, 2012.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

A portion of these funds are granted to the Hemophilia Association of NJ as a sole source grant for the purchase of insurance policies. New Jersey medical schools and public and private non-profit hospitals with experience in caring for those with hemophilia in New Jersey may apply for the direct services funds. Priority will be given to continuation applications from regional treatment programs.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must meet "Approval Criteria Guidelines for Hemophilia Services" which are available on request from the address listed below. Preference will be given for continuation to existing grantees with satisfactory performance.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Barbara L. Hall, MSN  
Special Child Health and Early Intervention Services  
PO Box 364  
Trenton, New Jersey 08625-0364

**TELEPHONE:** (609) 292-1582

**FAX:** (609) 943-5752

**E-MAIL:** [barbara.hall@doh.state.nj.us](mailto:barbara.hall@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received by April 21, 2011 for funding to begin July 1, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notice of recommendation of award will be made on or about May 21, 2011.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health & Early Intervention Services  
N.J. Statewide Family Centered HIV Care Network

**STATUTORY AUTHORITY:**

Public Health Service Act, Sec. 2671 142USC300  
P.L. 101-381 Ryan White Part D

**GRANT PROGRAM NO.** 12-65-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide comprehensive, culturally sensitive, coordinated medical care for infants, children, youth, women and families with HIV infection. Referrals are made to appropriate ancillary medical and community-based social service support care organizations. This assures access to medical and social services for families without adequate resources.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal Appropriations. It is expected that 7 grants will be supported. Approximately \$2,000,000 is awarded annually. The grant period is from August 1, 2011 to July 31, 2012.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-profit hospitals, health care agencies with experience in providing the medical care for HIV infected infants, children, women and families in New Jersey. Priority will be given to existing regional/affiliate Network agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must meet criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily. If additional/supplemental funds become available, agencies meeting program criteria will be solicited for participation through the RFP process.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applicant must be capable of meeting certain criteria established by program, which is available upon request from the address listed below.

---

**FOR INFORMATION CONTACT:**

Jane Caruso  
Special Child Health and Early Intervention Services  
PO Box 364, Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7748

**FAX:** (609) 292-9288

**E-MAIL:** [Jane.Caruso@doh.state.nj.us](mailto:Jane.Caruso@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is May 2, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on or about August 1, 2011.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health and Early Intervention Svcs.  
Newborn Screening and Genetic Services

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A. 26:5B-1, Title V of the  
Social Security Act, MCH Block Grant

**GRANT PROGRAM NO.** 12-64-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to the regional agencies providing pediatric specialty care for infants and children identified through newborn biochemical screening to ensure access to confirmatory testing, comprehensive treatment and counseling services and professional, patient and community education/information.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that approximately \$2.2 million will be available in SFY 2012 to support the SCHEIS statewide network of biochemical genetics laboratories, genetic counseling and pediatric specialty centers serving children with low incidence conditions such as cystic fibrosis, sickle cell disease, metabolic, endocrine and other disorders. The grant period is from July 1, 2011 to June 30, 2012.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey medical schools and public and private non-profit hospitals with experience in caring for those with inherited disorders identified through the newborn biochemical screening program. Preference will be given to continuation applications from regional programs.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must be capable of meeting minimum criteria guidelines which are available on request from the address listed below. Preference will be given for continuation to existing grantees with satisfactory performance.

---

**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Barbara L. Hall, MSN  
Special Child Health and Early Intervention Services  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-1582

**FAX:** (609) 943-5752

**E-MAIL:** [Barbara.hall@doh.state.nj.us](mailto:Barbara.hall@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received by April 21, 2011 for funding to begin July 1, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notice of recommendation of award will be made on or about May 21, 2011.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health and Early Intervention Svs.  
Pediatric Tertiary Services

**GRANT PROGRAM NO.** 12-66-SCH

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A 26:5B-1, Title V of the  
Social Security Act, MCH Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to regional agencies providing pediatric subspecialty care for infants and children with chronic illness or severe disabilities, to assure access for children with special needs, especially those without adequate resources.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that approximately \$1.8 million will be available in SFY 2012 to support the SCHEIS statewide network of pediatric subspecialty centers and centers to provide comprehensive care for children with cleft lip/palate and craniofacial anomalies.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-profit medical facilities which are licensed in New Jersey, and accredited by the Joint Commission on Accreditation of Healthcare Organizations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must meet the criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Jo-Ann Ayres  
Special Child Health and Early Intervention Svs.  
PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-3580

**E-MAIL:** JoAnnAyres@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is April 21, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on/or about May 21, 2011.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

**STATUTORY AUTHORITY:**

Childhood Nutrition Act of 1966, as amended and WIC Federal Regulations 7 CFR Part 246

**GRANT PROGRAM NO.** 12-68-WIC

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To improve the nutrition and health status of eligible pregnant and lactating women and eligible children; encourage the utilization by each WIC participant of available health and social services; promote breastfeeding among all eligible lactating women; and provide fresh fruits and vegetables to eligible WIC women and children.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$26,900,000 should be available in Federal fiscal year 2012 to fund 21 awards. It is expected that the average award will be \$1,276,244, ranging from \$438,600 to \$2,859,500. Awards will begin October 1, 2011 and will be made for a 12-month budget period. Funding estimates may vary and are subject to annual appropriation by the US Department of Agriculture (USDA). Applicants currently receiving grants for these activities, who have performed satisfactorily, will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public or private non-profit health agencies, county and municipal health departments, hospitals, county welfare organizations, social services organizations that can provide clinical services, and non-profit community action programs that can provide or contract for clinical services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. Meet qualifications published in the WIC Program Consolidated Regulations (January 2010 Edition), FNS 7 CFR, Chapter II, Subchapter A, Section 246.5, "Selection of local agencies",
2. The ability to perform program services as stated above, and
3. Meet state policies and federal program specifications.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Mary Mickles, Acting Director  
WIC Services  
50 E. State St., PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-9560

**FAX:** (609) 292-3580

**E-MAIL:** Mary.Mickles@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received by June 1, 2011.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Grant awards will be made on or before October 1, 2011.

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